

FILED NOV 8 1943 27

Registration District No.

Primary Registration District No.

4339

Registrar's No.

127

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MAIN ST. R.R. CROSSING
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)
In this community 5 YRS.

3. (a) PRINT FULL NAME

JAMES LYNDON DIXON JR.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JAN. 23 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 8 15 hr. min.

9. Birthplace Chilacalke, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business In School

12. Name JAMES LYNDON DIXON
13. Birthplace Middle Grove, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name DOROTHY PETERS
15. Birthplace Chilacalke, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James L. Dixon
(b) Address PARIS

17. (a) Burial (b) Date thereof 10-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed Malachuk

(b) Address Paris, Mo.

19. (a) 10-10-43 (b) Wayne G. Galt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MONROE
(c) City or town PARIS (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Mi. N. PARIS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of skull

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1700-25

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Oct 8, 1943
(c) Where did injury occur? Paris Monroe Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad Crossing
While at work? no (Specify type of place) (e) Means of injury Train

23. Signature Wayne G. Galt
Address Madison Mo Date signed 10-12-43

RECEIVED

District Health Officer No. 10

District File Number 11-43-1768

Date Filed NOV 5 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2614

P. O. Address Parris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.